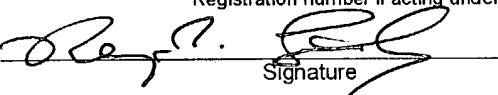


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 41826.8782US
Application Number 09/681,488-Conf. #3974	Filed April 16, 2001	
For WEB SITE COBROWSING		
Art Unit 2157	Examiner A. M. Gold	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$ 55.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$420.00	\$210.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$950.00	\$475.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,480.00	\$740.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,010.00	\$1,005.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check is enclosed which includes the amount of the fee. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/>	applicant/inventor.
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
	<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>55,592</u>
	<input type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____
		September 9, 2004
Rajiv P. Sarathy Typed or printed name		Date
		(206) 359-8000
		Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of 1 forms are submitted.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

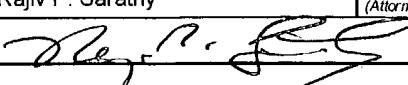
SEP 09 2004

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 984.00)

Complete if Known

Application Number	09/681,488-Conf. #3974
Filing Date	April 16, 2001
First Named Inventor	Alexandru Gavrescu
Examiner Name	A. M. Gold
Art Unit	2157
Attorney Docket No.	41826.8782US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input type="checkbox"/> Deposit Account:					
Deposit Account Number	50-0665				
Deposit Account Name	Perkins Coie LLP				
The Director is authorized to. (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
		Extra Claims	Fee from below	Fee Paid	
Total Claims	37	** = 1 x 18.00	= 18.00		
Independent Claims	4	** = 1 x 86.00	= 86.00		
Multiple Dependent					
Large Entity	Small Entity	Fee Description	Fee Paid		
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			104.00		
** or number previously paid, if greater; For Reissues, see above					
SUBMITTED BY (Complete if applicable)					
Name (Print/Type)	Rajiv P. Sarathy	Registration No. (Attorney/Agent)	55,592	Telephone	(206) 359-8000
Signature				Date	September 9, 2004

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